

# Enrollment Form with Dependent Data (March 1, 2022 – February 29, 2024)



Name of group (employer): Dakota County

Employee last name, first name, middle initial: \_\_\_\_\_

Date of Birth (month/date/year): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Male  Female

Type of coverage selected:

**BASE PLAN**

**Monthly Contribution:**

- Employee only \$9.77
- Employee and one dependent \$15.63
- Employee and children \$15.96
- Employee and family \$25.73

**PREMIER PLAN**

**Monthly Contribution:**

- Employee only \$19.17
- Employee and one dependent \$30.68
- Employee and children \$31.32
- Employee and family \$50.49

Premiums taken bi-weekly a month in advance.

**Waive coverage**

\* **Dependent Relationship:** S=Spouse, C=Child, H=Handicapped Child, T=Student

Dependent First Name	Dependent Last Name	Social Security Number	Gender	* Dependent Relationship	Date of Birth mm/dd/yyyy
				<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
				<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
				<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
				<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
				<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
				<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the County Clerk's office. **Do not return to VSP.**